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Written on MAY 27, 2015 AT 6:00 AM bySVANDERWERFF

Searching for Systems-Based Solutions to Enhance Readiness

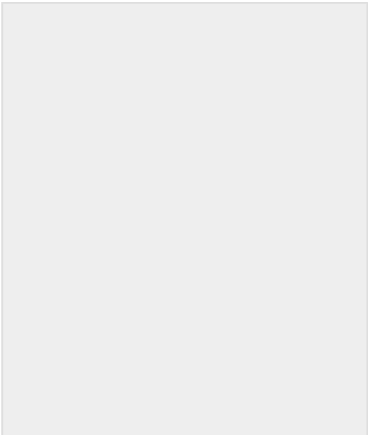
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I heard of the inadequacies of en route care from the perspective of my pilots and aircrewmembers. Their stories were laced with the heroic exploits of corpsmen performing well beyond their scope of practice, and they were doing whatever it took to care for their patients.

By Cmdr. Benjamin Walrath

I am Cmdr. Benjamin Walrath, an Emergency Medicine physician, former surface warfare officer and flight surgeon, pursuing an Emergency Medical Services (EMS) and Disaster Medicine fellowship through the San Antonio Uniformed Services Health Education Consortium.



My tour as a flight surgeon was with Helicopter Sea Combat Squadron (HSC-28) Dragon Whales in Norfolk, Virginia. It was the summer of 2007, and we had just deployed a detachment to provide helicopter support to the USNS Comfort as part of the Partnership for the America's initiative. Over the four-month deployment, the embarked medical team documented nearly 100,000 patient encounters, including many patients who required transport to/from the ship via helicopter. After the detachment returned, I heard of the inadequacies of Navy En Route Care (ERC) from the perspective of my pilots

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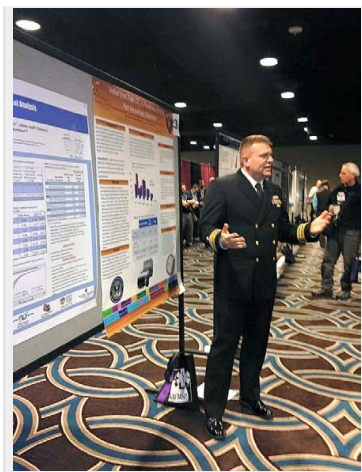
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- June 2015 (1)
- May 2015 (20)
- April 2015 (20)
- March 2015 (21)



As a physician interested in systems of health care delivery, I was distressed that such herculean efforts were necessary to optimize patient care during transport.

and aircrewmembers. Their tales were laced with the heroic exploits of corpsmen performing well beyond their scope of practice, and nurses doing whatever it took to care for their patients.

As a physician interested in systems of health care delivery, I was distressed that such herculean efforts were necessary to optimize patient care during transport. I soon discovered the Navy did not have a program of record for ERC, explaining why no system

existed to mitigate the need for such exceptional providers. Thus began my interest in developing Navy ERC.

After my flight surgery tour, I was able to refine my understanding of pre-hospital and emergency care through graduate medical education at the emergency medicine residency program at Naval Medical Center San Diego. While preparing my grand rounds presentation, “En Route Care: The Neglected Capability of Care,” I came across numerous examples that echoed my concerns with ERC during my time at HSC-28, most notably a quote from the January 2010 Joint Health Force Protection document: “The current success of the medical community is colored by the valiant ability to overcome deficiencies through ‘just-in-time work-arounds;’ many systemic shortfalls are resolved and become transparent to patient outcomes. However, future operations may not tolerate current deficiencies.”

My continuing education in pre-hospital systems through the tri-service EMS fellowship has introduced me to joint partners on a similar quest. We are searching for systems-based solutions to enhance our medical teams’ readiness to provide outstanding care to our ill and injured warriors, whether over land, air, or sea. The Navy is advancing slower than our sister services, but the recently promulgated joint doctrine, organization, training, materiel, leadership and education, personnel, facilities, policy change recommendation for Naval Expeditionary Health Service Support



As we “Pivot to the Pacific,” Navy Medicine Education and Training will take center stage in preparing our ERC teams to provide patient care during transport to and from the sea base.

February 2015 (16)

January 2015 (12)

December 2014 (17)

November 2014 (11)

October 2014 (15)

September 2014 (20)

August 2014 (14)

July 2014 (13)

June 2014 (8)

May 2014 (11)

April 2014 (9)

March 2014 (14)

February 2014 (7)

January 2014 (7)

December 2013 (7)

November 2013 (12)

October 2013 (7)

September 2013 (14)

August 2013 (13)

July 2013 (11)

June 2013 (22)

May 2013 (15)

April 2013 (14)

March 2013 (14)

February 2013 (14)

January 2013 (12)

December 2012 (11)

November 2012 (11)

October 2012 (7)

September 2012 (9)

August 2012 (12)

Patient Movement is a giant step in the right direction.

As we “Pivot to the Pacific,” Navy Medicine Education and Training will take center stage in preparing our ERC teams to provide patient care during transport to and from the sea base. The National Registry Emergency Medical Technician curriculum currently used at the Hospital Corpsman (HM) “A” school is a great step to improving our readiness to respond to more than just traumatic injuries, and will broaden the relevancy of the Navy healthcare team during future humanitarian assistance and disaster relief missions. We need to continue to develop courses that embrace the concepts of tactical combat casualty care and ERC for the entire health care team, ensuring all of our providers are comfortable and capable of delivering world-class health care from the point of injury and during transport on every possible platform across the globe, ready to “answer all bells” at a moment’s notice.

I have been fortunate enough to earn a grant to conduct research into the readiness of different Navy ERC providers based on current training pipelines. We have assembled a team to evaluate HM 8401/8404’s and ERC RNs, as well as flight surgeons, using high fidelity simulated scenarios.

If you have an interest in improving our readiness to provide care to our ill and injured warriors, whether transporting by land, sea or air, please be ready to volunteer to participate in simulation scenarios when the time comes (November 2015-February 2016). If you have any questions or would like more information, please feel free to contact me directly at benjamin.d.walrath.mil@mail.mil. In the meantime, keep doing what you do to protect the lives of America’s heroes.

July 2012 (13)
June 2012 (17)
May 2012 (22)
April 2012 (14)
March 2012 (13)
February 2012 (14)
January 2012 (13)
December 2011 (13)
November 2011 (20)
October 2011 (22)
September 2011 (12)
August 2011 (16)
July 2011 (10)

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